

FORM MR-AR (Revised 12/2011)

STATE OF UTAH  
DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF OIL, GAS AND MINING  
1594 West North Temple - Suite 1210  
Box 145801  
Salt Lake City, Utah 84114-5801  
Telephone: (801) 538-5291  
Fax: (801) 359-3940

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JAN 29 2016

DIV. OF OIL, GAS &amp; MINING

LARGE MINING OPERATIONS PROGRESS REPORT  
January 1, 20 15 to December 31, 20 15

The information required in this form is based on provisions of the Mined Land Reclamation Act, Title 40-8, and the R647 rules under the Utah Minerals Regulatory Program. It is due January 31 of each year.

M162710032

1. Mine Permit Number: 42 - 01206
2. Mine Name: Red Dome
3. Name of Operator/Permittee: Red Dome  
Note: If Operator's address, company representative or phone number have changed, please provide a replacement page for the Notice of Intention together with form MR-REV available on the Division's web page at [https://fs.ogm.utah.gov/pub/mines/minerals\\_related/forms/MR-REV.pdf](https://fs.ogm.utah.gov/pub/mines/minerals_related/forms/MR-REV.pdf).
4. Report the gross amount of ore mined and waste moved:  
Gross Ore Mined 45503 Tons, or \_\_\_\_\_ yd<sup>3</sup>  
Waste Material Moved 0 Tons, or \_\_\_\_\_ yd<sup>3</sup>
5. New disturbance created during the year 0 Acres  
Area reclaimed during the year 0 Acres  
Total disturbed area at the end of the year 10 Acres\*  
\*The total disturbed area should not be greater than the permitted/bonded acreage
6. Briefly describe the reclamation work performed during the past year. (Submit form MR-SITE ([https://fs.ogm.utah.gov/pub/mines/minerals\\_related/forms/MR-SITE.pdf](https://fs.ogm.utah.gov/pub/mines/minerals_related/forms/MR-SITE.pdf)) to apply for full or partial bond/site release). Attach additional sheets if needed.  
no Reclamation mining only opened area  
no waste weare and pure Rock area
7. Include an updated map depicting surface disturbance and reclamation performed during the year (Rule R647-4-105).

I hereby certify the information provided in this report is true and correct to the best of my knowledge and belief.

Name (Typed or Print): Jason Brunson  
Title of Operator: manager  
Signature of Operator: Jason Brunson  
Date: 1-22-16

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\*\*\* FAX RX REPORT \*\*\*

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RECEPTION OK

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